

- Please fill in all information below:**

Item number 11 must be completed by out-of-state businesses.

10. Give name, title and telephone number of person charged with the duty of filing motor fuel tax reports and location where reports are prepared and records kept _____
11. Give name, title and address of agent in New Jersey or registered New Jersey agent on whom service may be made (must be documented by letter from agent). _____

12. State kind of products handled: _____

13. New Jersey Storage Facilities

(a) List each tank, capacity, and location owned.

	<u>Location</u>	<u>Type</u>	<u>Capacity in Gallons</u>
Tank 1	_____	_____	_____
Tank 2	_____	_____	_____
Tank 3	_____	_____	_____
Tank 4	_____	_____	_____
Tank 5	_____	_____	_____
Total Gallons	_____		

NOTE: Commingled fuels with another person using the same storage tank is not acceptable for storage requirements delivered on a commission basis and fuels delivered to a company-operated service station are taxable disposals at time deliveries are made and are not to be included in your inventory.

14. List lease, sublease, terminalling agreement or throughput with any storage facility operator as defined in the Motor Fuels Act.

	<u>Location</u>	<u>Type</u>	<u>Capacity in Gallons</u>
Tank 1	_____	_____	_____
Tank 2	_____	_____	_____
Tank 3	_____	_____	_____
Tank 4	_____	_____	_____
Tank 5	_____	_____	_____
Total Gallons	_____		

15. Has applicant ever had a motor fuel license denied, suspended, cancelled or revoked in New Jersey or any other jurisdiction?

If yes, explain _____

16. The undersigned application states (under penalty of perjury) that all the information contained in this application is true and accurate in every particular.

_____ Name of Applicant	_____ Signature of Owner, Partner or Officer
	_____ Title
	_____ Date

All information must be provided before the application can be processed.

The information submitted will assist this office in the processing of your request.

The Division of Taxation reserves the right to conduct a thorough investigation prior to renewing this license.

Return completed application and \$150 fee to: MOTOR FUEL TAX, PO Box 189, Trenton, NJ 08695-0189

FOR DIVISION USE ONLY

License No. _____	Investigation Initiated _____
Effective Date _____	Investigation Completed _____
Approved _____	
Recommendations: _____	